

APPLICATION FOR BANKING AND/OR VERIFYING CREDITABLE EMISSION REDUCTIONS (CERS)

RETURN TO: NJDEP, BUREAU OF PRECONSTRUCTION PERMITS, EMISSION BANKING
PO Box 027, TRENTON, NJ 08625-0027

FOR ASSISTANCE CALL
(609) 633- 2829

1. FULL BUSINESS NAME _____

2. MAILING ADDRESS _____
NO. STREET CITY STATE ZIP CODE

3. DIVISION AND/OR PLANT NAME _____ PROGRAM INTEREST NO. _____

4. PLANT LOCATION _____
NO. STREET CITY STATE ZIP CODE

5. COUNTY _____ 6. NATURE OF BUSINESS _____

7. PLANT CONTACT _____ 8. TELEPHONE # _____

DATA FOR CREDITABLE EMISSION REDUCTIONS. (USE ADDITIONAL SHEETS IF NEEDED)

9. SOURCE OPERATION (S) _____

10. NJ PERMIT & CERTIFICATE NO./BOP/PCP ACTIVITY NO(S). _____

11. CRITERIA POLLUTANT(S) TO BE BANKED _____

AND TONS PER YEAR TO BE BANKED _____

12. TYPE OF REDUCTION (SEE 7:27-18.5 (b)) _____

13. DATE THIS EMISSION REDUCTION OCCURRED _____

14. REASON FOR APPLICATION: _____ BANKING & VERIFICATION (\$400/SOURCE OPERATION)

_____ VERIFICATION ONLY FOR BANKING LOG NO. BK _____ (\$200/SOURCE OPERATION)

NOTE: CHECK (VERIFICATION ONLY) IF SOURCE HAS ALREADY BEEN BANKED

ON ATTACHMENTS, PROVIDE ALL INFORMATION REQUIRED IN NJAC 7:27-18.8(a). IN ADDITION, SHOW HOW TONS PER YEAR WERE DETERMINED FOR BOTH ACTUAL AND ALLOWABLE EMISSIONS AND COMPLIANCE WITH RACT. WHEN STACK TEST DATA IS USED, PLEASE PROVIDE A SUMMARY REPORT. NOTE: APPLICATIONS CANNOT BE PROCESSED WITHOUT THIS INFORMATION.

THE INFORMATION CONTAINED ON THIS APPLICATION AND ATTACHMENTS IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE, COMPLETE AND IN ACCORDANCE WITH NJAC 7:27-1.39 CERTIFICATION OF INFORMATION AND NJAC 7:27-18 et. seq. (EMISSION OFFSET RULE).

15. _____ 16. DATE _____
SIGNATURE (RESPONSIBLE OFFICIAL) (REF. NJAC 7:27-1.4)

17. _____ 18. TELEPHONE _____
NAME - (PRINT OR TYPE)

THIS APPLICATION WILL NOT BE PROCESSED UNLESS THE PROPER FEE IS SUBMITTED (DO NOT WRITE BELOW)

DATE REDUCTION VERIFIED BY REGIONAL OFFICE _____

FEE _____

REGIONAL OFFICE (SIGNATURE) _____

LOG NO.: BK _____

DATE EMISSION REDUCTION VERIFIED BY BPP _____

RECORD NUMBER _____

BPP SIGNATURE _____